

03500.015431.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Dustin Nguyen
HIDENORI YOKOKURA)
: Art Unit: 2154
Application No.: 09/867,470)
:
Filed: May 31, 2001)
:
For: NETWORK SYSTEM, NETWORK)
: DEVICE, ACCESS RESTRICTION)
: METHOD FOR NETWORK DEVICE)
: STORAGE MEDIUM, AND)
PROGRAM) July 20, 2005

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Preliminary to continued examination, and in response to the Office Action mailed April 20, 2005, the Examiner is respectfully requested to amend the above-identified application as follows, the claim changes being reflected in the listing that begins at page 2, and the Remarks beginning at page 7.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 20, 2005.
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicant)



Signature

July 20, 2005

Date of Signature

In re Application of:

HIDENORI YOKOKURA

Application No.: 09/867,470

Filed: May 31, 2001

For: NETWORK SYSTEM, NETWORK DEVICE,
ACCESS RESTRICTION METHOD FOR
NETWORK DEVICE STORAGE MEDIUM,
AND PROGRAM



Docket No. 03500.015431.

Examiner: Dustin Nguyen

Art Unit: 2154

Date: July 20, 2005

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THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 20	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 4	MINUS	*** 6	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

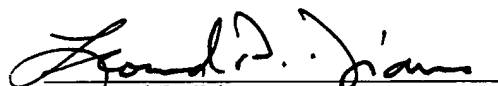
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicant
Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
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